



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WILKES-BARRE FAMILY YMCA MEMBERSHIP APPLICATION

Adult 1 First Name _____ MI _____ Last Name _____

Gender M F Birthdate _____ Student? Y N Member Card # _____

Employer _____ Company Match? Y N Work Phone _____

Adult 2 First Name _____ MI _____ Last Name _____

Gender M F Birthdate _____ Student? Y N Member Card # _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Home Email _____ Other Email _____

EMERGENCY CONTACT:	PHONE:	RELATIONSHIP:
--------------------	--------	---------------

Children (First and Last Name)	Gender	Birthdate	Member Card #

HOW DID YOU HEAR ABOUT THE YMCA? _____

By providing the following OPTIONAL information we are able to quantify the YMCA's community outreach and qualify for outside funding such as grants and foundation support.

Ethnicity: African American/Black Asian/Pacific Islander Asian Indian Alaskan Native
 Caucasian/White Hispanic/Latino Native American Other

Income: under \$10,000 \$20,001-\$30,000 \$40,001-\$50,000 over \$100,001
 \$10,000 - \$20,000 \$30,001-\$40,000 \$50,001-\$100,000

Would you be interested in Volunteering? Y N

If you were referred by a current member, please list them here: _____

I would like to donate to the Annual Fund: \$5 \$10 \$15 \$20 \$25 \$50 \$5/month \$10/month \$15/month

I understand that as a complimentary service of the Wilkes-Barre Family YMCA a certified nutritionist may contact me.

Waiver of Liability: The Wilkes-Barre Family YMCA is a charitable, non-profit membership organization. I am an adult over 18 years of age and wish to participate in activities. I understand that even when reasonable precaution is taken, accidents sometime happen. Therefore, in exchange for the YMCA allowing me and my children to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff members from all liability for any injury, loss or damage connected in any way whatsoever to my (or my children's) participation in YMCA activities whether on or off the YMCA premises. I understand that this release includes claims based on negligence, action or inaction of the YMCA, its staff, directors, members and guests. I have read and voluntarily sign this authorization and release. I grant permission for each of my children noted above. The Wilkes-Barre Family YMCA reserves the right to photograph or film any member and use said pictures or files for any form of advertising or promotion as deemed appropriate.

Membership Cancellation: I understand that if I wish to terminate my membership or change my membership in any way, I must give 30 days written notice indicating my intent. Program memberships are non-refundable. TURN ->

Member Signature _____ **Date** _____ **Staff Initials** _____

Membership Type: _____	Membership Expiration: _____	<input type="checkbox"/> Credit Card on File	<input type="checkbox"/> Verified	Rev. 03/16
------------------------	------------------------------	--	-----------------------------------	-------------------



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PAYMENT OPTIONS

NO MONTH TO MONTH CASH PAYMENTS ACCEPTED

MONTHLY BANK DRAFT/CREDIT CARD: Monthly dues will be automatically withdrawn on either the 1st or the 15th of each month. It is the member's responsibility to notify the YMCA of a change to the account or financial institution. A voided check or the credit card is needed and will be scanned to begin the membership.
(Initial Here) _____

Please choose your draft date **(circle one)**: 1st of the month OR 15th of the month

RETURNED PAYMENTS: Should any membership deduction not be honored by my financial institution for any reason, I realize that I am responsible for payment, **plus a service charge of \$20.00**. This is in addition to any service charge that my financial institution may charge to my account. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution or account at any time.
(Initial Here) _____

BANK DRAFT CANCELLATION AND REFUND POLICY: For cancellations to occur, you must complete a Membership Cancellation Form and return it to a Membership Service staff. This form has a 30 day processing period when received at the YMCA. **(Initial Here)** _____

ANNUAL MEMBERSHIP: Full payment is made prior to your membership beginning. **FULL YEAR:** If you pay in full for your membership and wish to cancel your membership for the remaining portion of a year, you must complete a Membership Cancellation form and return it to a Membership Services staff member. A refund will only be given if:
1) a note from a doctor explaining why you cannot use your membership; or 2) verification of a new address (50+ miles from Wilkes-Barre, PA). **(Initial Here)** _____

RESERVATION OF RIGHT TO CHANGE RATES: The YMCA Board of Directors may, at its discretion, adjust the monthly rate applicable to my membership category. I understand that I will receive at least **30 days** notice prior to any such change in membership dues. **(Initial Here)** _____

MEMBERSHIP HOLDS: Your membership can be put on hold for a minimum of one month and a maximum of three months. Holds must be requested prior to the absence, and with enough time to stop the automatic withdrawal. Membership holds must be made in writing at the Welcome Desk. **(Initial Here)** _____

I verify that I have read and agree to the policies as outlined above.

Member Signature _____ **Date** _____ **Staff Initials** _____

Membership Type: _____	Membership Expiration: _____	<input type="checkbox"/> Credit Card on File	<input type="checkbox"/> Verified	Rev. 03/16
------------------------	------------------------------	--	-----------------------------------	-------------------



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**Wilkes-Barre Family YMCA
CODE OF CONDUCT**

The Wilkes-Barre Family YMCA is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all, we expect individuals to act appropriately at all times when they are in our facility or participating in our programs.

We expect persons using the Wilkes-Barre Family YMCA to behave in a mature and responsible way, and to respect the rights and dignity of others. Our Code of Conduct does not permit language or any action that can hurt or frighten another person, or that falls below a generally accepted standard of conduct.

Prohibited actions specifically include but are not limited to:

- Inappropriate attire; appropriate attire includes gym shorts, shirts, or sweat suits in the physical area, and regular swimsuits or clean shorts without frayed ends in the pool area.
- Angry or vulgar language, including swearing or name-calling.
- Physical contact with another person in any angry, threatening or offensive way.
- Any sexual activity or sexual contact with another person.
- Harassment or intimidation by words, gestures, body language or any menacing behavior.
- Theft or behavior that results in the destruction of property.
- Carrying any weapons or devices or objects that may be used as weapons.
- Using or possessing illegal substances or alcohol on YMCA property, in YMCA vehicles, or at YMCA sponsored programs.
- Loitering within facilities or on the grounds of the YMCA after being requested to depart the YMCA's property. SLEEPING ON THE PREMISES IS NOT PERMITTED.
- Smoking. The YMCA and its property is a smoke-free environment.
- Use of social networking websites in a manner that is contrary to the YMCA's mission, is detrimental to the community or is in violation of the law.

The Wilkes-Barre Family YMCA reserves the right to deny access or membership to any person who has been accused or convicted of any sex-related crime; habitually or excessively uses illegal substances; has ever been convicted of any offense relating to the use, sale, possession, or transportation of illegal substances, or continuous or excessive use of alcohol.

Based on the recommendations from our national organization YMCA of the USA, and due to the fact that personal training services are offered by the our YMCA, **only Wilkes-Barre Family YMCA certified personal training staff members will be allowed to utilize YMCA facilities for personal training services, including and not limited to sports technique/agility training.**

If a member or guest believes a violation of this code has occurred, they should report the behavior to a YMCA staff member. The Wilkes-Barre Family YMCA staff members are eager to be of assistance; members and guests should not hesitate to notify a staff member if assistance is needed. In order to be able to carry out these policies, we ask that members and guests identify themselves to YMCA staff members when asked.

Suspension or termination of YMCA membership may result from a violation of this Code of Conduct. While an incident is being investigated, the membership of the person(s) accused of violating this Code of Conduct may be temporarily suspended pending a final decision.

I have read and understand the terms and conditions. I agree to follow them:

X _____

Member Signature _____ **Date** _____ **Staff Initials** _____

Membership Type: _____	Membership Expiration: _____	<input type="checkbox"/> Credit Card on File	<input type="checkbox"/> Verified	Rev. 03/16
------------------------	------------------------------	--	-----------------------------------	-------------------